

ARIZONA CORPORATION COMMISSION
UTILITIES DIVISION

ANNUAL REPORT MAILING LABEL – MAKE CHANGES AS NECESSARY

C

W-03525A
C-D Oasis Water Company
1665 10th St.
Douglas, AZ 85607

ANNUAL REPORT

FOR YEAR ENDING

12	31	2006
----	----	------

FOR COMMISSION USE

ANN 04	06
--------	----

PROCESSED BY:

4-20-07

SCANNED

COMPANY INFORMATION

Company Name (Business Name) <u>C-D OASIS WATER CO.</u>		
Mailing Address <u>1665 - 10th</u> (Street)		
<u>DOUGLAS</u> (City)	<u>AZ.</u> (State)	<u>85607</u> (Zip)
<u>520-364-5140</u> Telephone No. (Include Area Code)	<u>—</u> Fax No. (Include Area Code)	<u>—</u> Pager/Cell No. (Include Area Code)
Email Address <u>—</u>		
Local Office Mailing Address <u>SAME</u> (Street)		
<u>—</u> (City)	<u>—</u> (State)	<u>—</u> (Zip)
<u>—</u> Local Office Telephone No. (Include Area Code)	<u>—</u> Fax No. (Include Area Code)	<u>—</u> Pager/Cell No. (Include Area Code)
Email Address <u>—</u>		

MANAGEMENT INFORMATION

Management Contact: <u>VERNON GARDWELL</u> (Name)			<u>Co-Owner</u> (Title)
<u>1665 10th</u> (Street)	<u>DOUGLAS</u> (City)	<u>AZ.</u> (State)	<u>85607</u> (Zip)
<u>520-364-5140</u> Telephone No. (Include Area Code)	<u>—</u> Fax No. (Include Area Code)	<u>—</u> Pager/Cell No. (Include Area Code)	
Email Address <u>—</u>			
On Site Manager: <u>LESTER WARREN</u> (Name)			
<u>Box 1026</u> (Street)	<u>COCHISE</u> (City)	<u>AZ.</u> (State)	<u>85606</u> (Zip)
<u>—</u> Telephone No. (Include Area Code)	<u>—</u> Fax No. (Include Area Code)	<u>—</u> Pager/Cell No. (Include Area Code)	
Email Address <u>—</u>			

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

Statutory Agent: _____
(Name)

(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

Attorney: _____
(Name)

(Street) (City) (State) (Zip)

Telephone No. (Include Area Code) Fax No. (Include Area Code) Pager/Cell No. (Include Area Code)

☐ Please mark this box if the above address(es) have changed or are updated since the last filing.

OWNERSHIP INFORMATION

Check the following box that applies to your company:

- | | |
|---|---|
| <input type="checkbox"/> Sole Proprietor (S) | <input type="checkbox"/> C Corporation (C) (Other than Association/Co-op) |
| <input checked="" type="checkbox"/> Partnership (P) | <input type="checkbox"/> Subchapter S Corporation (Z) |
| <input type="checkbox"/> Bankruptcy (B) | <input type="checkbox"/> Association/Co-op (A) |
| <input type="checkbox"/> Receivership (R) | <input type="checkbox"/> Limited Liability Company |
| <input type="checkbox"/> Other (Describe) _____ | |

COUNTIES SERVED

Check the box below for the county/ies in which you are certificated to provide service:

- | | | |
|-------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> APACHE | <input checked="" type="checkbox"/> COCHISE | <input type="checkbox"/> COCONINO |
| <input type="checkbox"/> GILA | <input type="checkbox"/> GRAHAM | <input type="checkbox"/> GREENLEE |
| <input type="checkbox"/> LA PAZ | <input type="checkbox"/> MARICOPA | <input type="checkbox"/> MOHAVE |
| <input type="checkbox"/> NAVAJO | <input type="checkbox"/> PIMA | <input type="checkbox"/> PINAL |
| <input type="checkbox"/> SANTA CRUZ | <input type="checkbox"/> YAVAPAI | <input type="checkbox"/> YUMA |
| <input type="checkbox"/> STATEWIDE | | |

COMPANY NAME

C-D OASIS WATER CO

UTILITY PLANT IN SERVICE

Acct. No.	DESCRIPTION	Original Cost (OC)	Accumulated Depreciation (AD)	O.C.L.D. (OC less AD)
301	Organization	8,250 ⁰⁰	—	—
302	Franchises	—	—	—
303	Land and Land Rights	INCLUDED IN 301	—	—
304	Structures and Improvements	—	—	—
307	Wells and Springs	—	—	—
311	Pumping Equipment	—	—	—
320	Water Treatment Equipment	NONE	—	—
330	Distribution Reservoirs and Standpipes	NONE	—	—
331	Transmission and Distribution Mains	NONE	—	—
333	Services	NONE	—	—
334	Meters and Meter Installations	INCLUDED IN 301	—	—
335	Hydrants	NONE	—	—
336	Backflow Prevention Devices	NOTHING NEW	—	—
339	Other Plant and Misc. Equipment	NONE	—	—
340	Office Furniture and Equipment	NONE @ PRESENT	—	—
341	Transportation Equipment	NONE @ PRESENT	—	—
343	Tools, Shop and Garage Equipment	NONE @ PRESENT	—	—
344	Laboratory Equipment	NONE	—	—
345	Power Operated Equipment	NONE @ PRESENT	—	—
346	Communication Equipment	NONE @ PRESENT	—	—
347	Miscellaneous Equipment	NONE	—	—
348	Other Tangible Plant	NONE	—	—
	TOTALS	8,250 ⁰⁰	—	—

This amount goes on the Balance Sheet Acct. No. 108

COMPANY NAME

C-D OASIS WATER CO.

CALCULATION OF DEPRECIATION EXPENSE FOR CURRENT YEAR

Acct. No.	DESCRIPTION	Original Cost (1)	Depreciation Percentage (2)	Depreciation Expense (1x2)
301	Organization			
302	Franchises			
303	Land and Land Rights			
304	Structures and Improvements			
307	Wells and Springs			
311	Pumping Equipment			
320	Water Treatment Equipment			
330	Distribution Reservoirs and Standpipes			
331	Transmission and Distribution Mains			
333	Services			
334	Meters and Meter Installations			
335	Hydrants			
336	Backflow Prevention Devices			
339	Other Plant and Misc. Equipment			
340	Office Furniture and Equipment			
341	Transportation Equipment			
343	Tools, Shop and Garage Equipment			
344	Laboratory Equipment			
345	Power Operated Equipment			
346	Communication Equipment			
347	Miscellaneous Equipment			
348	Other Tangible Plant			
	TOTALS			

This amount goes on the Comparative Statement of Income and Expense _____
Acct. No. 403.

COMPANY NAME

C-D OASIS WATER CO.

BALANCE SHEET

Acct No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	ASSETS		
	CURRENT AND ACCRUED ASSETS		
131	Cash	\$ 299.28	\$ 169.05 *
134	Working Funds	NONE	NONE
135	Temporary Cash Investments	NONE	NONE
141	Customer Accounts Receivable	NONE	NONE
146	Notes/Receivables from Associated Companies	NONE	NONE
151	Plant Material and Supplies	NONE	NONE
162	Prepayments	NONE	NONE
174	Miscellaneous Current and Accrued Assets	NONE	NONE
	TOTAL CURRENT AND ACCRUED ASSETS	\$	\$
	FIXED ASSETS		
101	Utility Plant in Service	\$ 8,250.00	\$ 8,250.00
103	Property Held for Future Use	INCLUDED IN 101	INCLUDED IN 101
105	Construction Work in Progress	NONE	NONE
108	Accumulated Depreciation – Utility Plant	NONE	NONE
121	Non-Utility Property	NONE	NONE
122	Accumulated Depreciation – Non Utility	NONE	NONE
	TOTAL FIXED ASSETS	\$	\$
	TOTAL ASSETS	\$ 8,250.00	\$ 8,250.00

NOTE: The Assets on this page should be equal to Total Liabilities and Capital on the following page.

*

HAVE PAID BILLS & EXPENSES OUT OF PERSONAL ACCOUNT.

COMPANY NAME

C-D OASIS WATER CO

BALANCE SHEET (CONTINUED)

Acct. No.		BALANCE AT BEGINNING OF YEAR	BALANCE AT END OF YEAR
	LIABILITIES		
	CURRENT LIABILITIES		
231	Accounts Payable	\$ 2	\$ 2
232	Notes Payable (Current Portion)	NONE	NONE
234	Notes/Accounts Payable to Associated Companies	NONE	NONE
235	Customer Deposits	NONE	NONE
236	Accrued Taxes	NONE	NONE
237	Accrued Interest	NONE	NONE
241	Miscellaneous Current and Accrued Liabilities	?	?
	TOTAL CURRENT LIABILITIES	\$	\$
	LONG-TERM DEBT (Over 12 Months)		
224	Long-Term Notes and Bonds	\$ NONE	\$ NONE
	DEFERRED CREDITS		
251	Unamortized Premium on Debt	\$ NONE	\$ NONE
252	Advances in Aid of Construction	NONE	NONE
255	Accumulated Deferred Investment Tax Credits	NONE	NONE
271	Contributions in Aid of Construction	NONE	NONE
272	Less: Amortization of Contributions	NONE	NONE
281	Accumulated Deferred Income Tax	NONE	NONE
	TOTAL DEFERRED CREDITS	\$ 0	\$ 0
	TOTAL LIABILITIES	\$	\$
	CAPITAL ACCOUNTS		
201	Common Stock Issued	\$ NONE	\$ NONE
211	Paid in Capital in Excess of Par Value	NONE	NONE
215	Retained Earnings	N/A	N/A
218	Proprietary Capital (Sole Props and Partnerships)	?	?
	TOTAL CAPITAL	\$	\$
	TOTAL LIABILITIES AND CAPITAL	\$	\$

COMPANY NAME

C-D CASIS WATER CO.

COMPARATIVE STATEMENT OF INCOME AND EXPENSE

Acct. No.	OPERATING REVENUES	PRIOR YEAR	CURRENT YEAR
461	Metered Water Revenue	\$ NO REVENUE	\$ NO REVENUE *
460	Unmetered Water Revenue	NONE	NONE
474	Other Water Revenues	NONE	NONE
	TOTAL REVENUES	\$ 0	\$ 0
	OPERATING EXPENSES		
601	Salaries and Wages	\$ NONE	\$ NONE
610	Purchased Water	0	0
615	Purchased Power	577.34	486.57
618	Chemicals	20.66	56.22
620	Repairs and Maintenance	0	DID MYSELF
621	Office Supplies and Expense	0	433.92
630	Outside Services	RECORDS LOST	?
635	Water Testing	350.00	300.00
641	Rents	NONE	NONE
650	Transportation Expenses	2,723.11	2,683.35
657	Insurance - General Liability	NONE	NONE
659	Insurance - Health and Life	NONE	NONE
666	Regulatory Commission Expense - Rate Case	?	?
675	Miscellaneous Expense	NONE	292.80
403	Depreciation Expense	NONE	NONE
408	Taxes Other Than Income	NONE	NONE
408.11	Property Taxes	251.92	225.30
409	Income Tax	NONE	NONE
	TOTAL OPERATING EXPENSES	\$ 3,923.13	\$ 4478.16
	OPERATING INCOME/(LOSS)	\$ - 3,923.13	\$ -4478.16
	OTHER INCOME/(EXPENSE)		
419	Interest and Dividend Income	\$ NONE	\$ NONE
421	Non-Utility Income	NONE	NONE
426	Miscellaneous Non-Utility Expenses	NONE	NONE
427	Interest Expense	NONE	NONE
	TOTAL OTHER INCOME/(EXPENSE)	\$	\$
	NET INCOME/(LOSS)	\$ - 3923.13	\$ -4478.16

* DUE TO ILLNESS & DEATH NO BILLS WERE SENT OUT FOR THE YEAR 2006. I AM IN THE PROCESS OF GETTING THE BILLS FOR 2006 FINALIZED. I SHOULD HAVE THE BILLS FINALIZED & SENT TO THE CUSTOMERS NEXT MONTH. I ASSUME THE REVENUE SHOULD BE APPROX THE SAME AS IN 2003. THE CUSTOMERS ARE THE SAME, NO NEW METERERS, NO INCREASE IN CHARGES, WITH THE ONLY INCREASE IN THE EXPENSES.
I STARTED BILLING ASST JAN. 1 OF 2007.

COMPANY NAME

C-D OASIS WATER Co.

SUPPLEMENTAL FINANCIAL DATA**Long-Term Debt**

	LOAN #1	LOAN #2	LOAN #3	LOAN #4
Date Issued				
Source of Loan				
ACC Decision No.				
Reason for Loan				
Dollar Amount Issued	\$	\$	\$	\$
Amount Outstanding	\$	\$	\$	\$
Date of Maturity				
Interest Rate	%	%	%	%
Current Year Interest	\$	\$	\$	\$
Current Year Principle	\$	\$	\$	\$

Meter Deposit Balance at Test Year End

\$ 0

Meter Deposits Refunded During the Test Year

\$ 0

COMPANY NAME	C-D Oasis Water Co.
Name of System	ADEQ Public Water System Number (if applicable)

WATER COMPANY PLANT DESCRIPTION

WELLS

ADWR ID Number*	Pump Horsepower	Pump Yield (gpm)	Casing Depth (Feet)	Casing Diameter (Inches)	Meter Size (inches)	Year Drilled
621-401	2	25		14"	2	2
621-402	1/2	10		16"	2	2

* Arizona Department of Water Resources Identification Number

OTHER WATER SOURCES

Name or Description	Capacity (gpm)	Gallons Purchased or Obtained (in thousands)
N / A		

BOOSTER PUMPS		FIRE HYDRANTS	
Horsepower	Quantity	Quantity Standard	Quantity Other
NONE		NONE	NONE

STORAGE TANKS		PRESSURE TANKS	
Capacity	Quantity	Capacity	Quantity
NONE		1,000	2

Note: If you are filing for more than one system, please provide separate sheets for each system.

COMPANY NAME	C-D OASIS WATER Co
Name of System	ADEQ Public Water System Number (if applicable)

WATER COMPANY PLANT DESCRIPTION (CONTINUED)

MAINS		
Size (in inches)	Material	Length (in feet)
2		
3		
4	ASBESTOS/CONCRETE TRANSITE	296' APPROX
5		
6	ASBESTOS/CONCRETE TRANSITE	2520' APPROX
8		
10		
12		

(HAVE NO WAY OF KNOWING HOW MANY JOBS (SINCE BUT PROBABLY 30 JOBS OPERATIONS)

CUSTOMER METERS	
Size (in inches)	Quantity
5/8 X 3/4	
3/4	11
1	
1 1/2	
2	
Comp. 3	
Turbo 3	
Comp. 4	
Tubo 4	
Comp. 6	
Tubo 6	

For the following three items, list the utility owned assets in each category for each system.

TREATMENT EQUIPMENT:

NONE

STRUCTURES:

SMALL TIN BLDG. (2 PUMP HOUSES)
CORRUGATED IRON BLDGS.

OTHER:

NONE

Note: If you are filing for more than one system, please provide separate sheets for each system.

ADEQ Public Water System Number (if applicable)

WATER USE DATA SHEET BY MONTH FOR CALENDAR YEAR 2006

MONTH/YEAR	NUMBER OF CUSTOMERS	GALLONS SOLD (Thousands)	GALLONS PUMPED (Thousands)	GALLONS PURCHASED (Thousands)
JANUARY	11	IN PROCESS OF REFINING	58	
FEBRUARY	11		55	
MARCH	11		32	
APRIL	11		45	
MAY	11		62	
JUNE	11		59	
JULY	11		50	
AUGUST	11		60	
SEPTEMBER	11		31	
OCTOBER	11		41	
NOVEMBER	11		26	
DECEMBER	11		24	
TOTALS →			543	

(If more than one well, please list each separately.)

If system has fire hydrants, what is the fire flow requirement? 1500 GPM for 2 hrs

(☒) No

I DO NOT THINK IT IS

(4) No NOT TO my KNOWLEDGE

If yes, provide the GPCPD amount: _____

Note: If you are filing for more than one system, please provide separate data sheets for each system.

COMPANY NAME C-D BASIS WATER CO YEAR ENDING 12/31/2006

PROPERTY TAXES

Amount of actual property taxes paid during Calendar Year 2006 was: \$ 225,30

* Attach to this annual report proof (e.g. property tax bills stamped "paid in full" or copies of cancelled checks for property tax payments) of any and all property taxes paid during the calendar year.

If no property taxes paid, explain why. _____

* WILL SEND YOU THE RECEITS AS SOON AS THE COUNTY SENDS THEM TO ME

**VERIFICATION
AND
SWORN STATEMENT
Taxes**

VERIFICATION

STATE OF ARIZ
I, THE UNDERSIGNED
OF THE

COUNTY OF (COUNTY NAME)	<u>COCHISE</u>
NAME (OWNER OR OFFICIAL) TITLE	<u>VERNON CARDWELL</u>
COMPANY NAME	<u>C-D OASIS WATER Co</u>

DO SAY THAT THIS ANNUAL UTILITY PROPERTY TAX AND SALES TAX REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

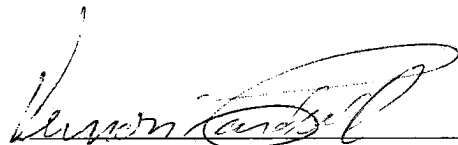
MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2006</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

I HEREBY ATTEST THAT ALL PROPERTY TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.

I HEREBY ATTEST THAT ALL SALES TAXES FOR SAID COMPANY ARE CURRENT AND PAID IN FULL.


SIGNATURE OF OWNER OR OFFICIAL

520-364-5140
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

12th

DAY OF

(SEAL)

MY COMMISSION EXPIRES

01/01/2010

COUNTY NAME	<u>Cochise</u>
MONTH	<u>April</u>
	<u>2007</u>


SIGNATURE OF NOTARY PUBLIC

COMPANY NAME S-D OASIS WATER CO YEAR ENDING 12/31/2006

INCOME TAXES

For this reporting period, provide the following:

Federal Taxable Income Reported NONE
Estimated or Actual Federal Tax Liability NONE

State Taxable Income Reported NONE
Estimated or Actual State Tax Liability NONE

Amount of Grossed-Up Contributions/Advances:

Amount of Contributions/Advances NONE
Amount of Gross-Up Tax Collected NONE
Total Grossed-Up Contributions/Advances NONE

Decision No. 55774 states, in part, that the utility will refund any excess gross-up funds collected at the close of the tax year when tax returns are completed. Pursuant to this Decision, if gross-up tax refunds are due to any Payer or if any gross-up tax refunds have already been made, attach the following information by Payer: name and amount of contribution/advance, the amount of gross-up tax collected, the amount of refund due to each Payer, and the date the Utility expects to make or has made the refund to the Payer.

CERTIFICATION

The undersigned hereby certifies that the Utility has refunded to Payers all gross-up tax refunds reported in the prior year's annual report. This certification is to be signed by the President or Chief Executive Officer, if a corporation; the managing general partner, if a partnership; the managing member, if a limited liability company or the sole proprietor, if a sole proprietorship.

Vernon Cardwell
SIGNATURE

4/10/07
DATE

VERNON CARDWELL
PRINTED NAME

Co Owner
TITLE

**VERIFICATION
AND
SWORN STATEMENT
Intrastate Revenues Only**

VERIFICATION

STATE OF ARIZ.

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME)
<u>Cochise</u>
NAME (OWNER OR OFFICIAL) TITLE
<u>VERNON CARDWELL Co-OWNER</u>
COMPANY NAME
<u>C-D Oasis Water Co</u>

DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION

FOR THE YEAR ENDING

MONTH	DAY	YEAR
<u>12</u>	<u>31</u>	<u>2006</u>

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENT OF TITLE 40, ARTICLE 8, SECTION 40-401, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS DURING CALENDAR YEAR 2006 WAS:

Arizona Intrastate Gross Operating Revenues Only (\$)

\$ No Revenue

(THE AMOUNT IN BOX ABOVE
INCLUDES \$ None
IN SALES TAXES BILLED, OR COLLECTED)

****REVENUE REPORTED ON THIS PAGE MUST
INCLUDE SALES TAXES BILLED OR
COLLECTED. IF FOR ANY OTHER REASON,
THE REVENUE REPORTED ABOVE DOES NOT
AGREE WITH TOTAL OPERATING REVENUES
ELSEWHERE REPORTED, ATTACH THOSE
STATEMENTS THAT RECONCILE THE
DIFFERENCE. (EXPLAIN IN DETAIL)**

Vernon Cardwell
SIGNATURE OF OWNER OR OFFICIAL
520-366-5144
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS 12th DAY OF

(SEAL)

COUNTY NAME	<u>Cochise</u>
MONTH	<u>April</u>
	<u>2007</u>

Roxette Vazquez
SIGNATURE OF NOTARY PUBLIC

MY COMMISSION EXPIRES 11/10/2010

**VERIFICATION
AND
SWORN STATEMENT
RESIDENTIAL REVENUE**
Intrastate Revenues Only

VERIFICATION

STATE OF ARIZONA

I, THE UNDERSIGNED

OF THE

COUNTY OF (COUNTY NAME) <u>COCHISE</u>	
NAME (OWNER OR OFFICIAL) <u>VERNON CARDWELL</u>	TITLE <u>Co-Owner</u>
COMPANY NAME <u>C-D OASIS WATER CO</u>	

**DO SAY THAT THIS ANNUAL UTILITY REPORT TO THE ARIZONA CORPORATION COMMISSION
FOR THE YEAR ENDING**

MONTH	DAY	YEAR
12	31	2006

HAS BEEN PREPARED UNDER MY DIRECTION, FROM THE ORIGINAL BOOKS, PAPERS AND RECORDS OF SAID UTILITY; THAT I HAVE CAREFULLY EXAMINED THE SAME, AND DECLARE THE SAME TO BE A COMPLETE AND CORRECT STATEMENT OF BUSINESS AND AFFAIRS OF SAID UTILITY FOR THE PERIOD COVERED BY THIS REPORT IN RESPECT TO EACH AND EVERY MATTER AND THING SET FORTH, TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF.

SWORN STATEMENT

IN ACCORDANCE WITH THE REQUIREMENTS OF TITLE 40, ARTICLE 8, SECTION 40-401.01, ARIZONA REVISED STATUTES, IT IS HEREIN REPORTED THAT THE GROSS OPERATING REVENUE OF SAID UTILITY DERIVED FROM ARIZONA INTRASTATE UTILITY OPERATIONS RECEIVED FROM RESIDENTIAL CUSTOMERS DURING CALENDAR YEAR 2006 WAS:

ARIZONA INTRASTATE GROSS OPERATING REVENUES <u>\$ No Revenue</u>

THE AMOUNT IN BOX AT LEFT
INCLUDES \$ None
IN SALES TAXES BILLED, OR COLLECTED)

***RESIDENTIAL REVENUE REPORTED ON THIS PAGE
MUST INCLUDE SALES TAXES BILLED.**

Vernon Cardwell
SIGNATURE OF OWNER OR OFFICIAL
520-364-5140
TELEPHONE NUMBER

SUBSCRIBED AND SWORN TO BEFORE ME

A NOTARY PUBLIC IN AND FOR THE COUNTY OF

THIS

12th

DAY OF

NOTARY PUBLIC NAME <u>Lizette Vasquez</u>	
COUNTY NAME <u>Cochise</u>	
MONTH <u>April</u>	.20 <u> </u>

(SEAL)

MY COMMISSION EXPIRES

11/16/2010

Lizette Vasquez
SIGNATURE OF NOTARY PUBLIC